Fill in this in	formation to identify your case:				only as d	irected in this form and	d in Form		
Debtor 1	Lidely D. Morel		122	2A-1Supp:					
Debtor 2 (Spouse, if filing	3)			1. There	is no pres	umption of abuse			
United State	es Bankruptcy Court for the: Eastern District of	_ -	☐ 2. The calculation to determine if a presumption of abuse applies will be made under <i>Chapter 7 Means Test</i>						
Case numb	er 24-12980		_ .	☐ 3. The Me	eans Test	icial Form 122A-2). does not apply now be			
						service but it could ap	рріу іаіег.		
Official	Form 122A - 1			□ Check ii	i inis is a	n amended filing			
	er 7 Statement of Your Cur	ront Mon	thly lno	omo			4044		
Chapte	s / Statement of Your Cur	Tent Mon	itiliy ilic	onie			12/19		
attach a sepa case number	ete and accurate as possible. If two married people a rate sheet to this form. Include the line number to w (if known). If you believe that you are exempted fro litary service, complete and file Statement of Exemp Calculate Your Current Monthly Income	hich the addition mapped with the mapped with	al information a of abuse becau	ipplies. On th se you do no	ne top of a t have prin	ny additional pages, wri narily consumer debts o	te your name and or because of		
	is your marital and filing status? Check one or	nlv							
	t married, Fill out Column A. lines 2-11.	ııy.							
	rried and your spouse is filing with you. Fill o	it both Columns	A and B. lines	2 11					
	rried and your spouse is NOT filing with you.			2-11.					
	iving in the same household and are not lega			lumns A and	IR lines '	2-11			
	iving separately or are legally separated. Fill						ı declare under		
	penalty of perjury that you and your spouse are living apart for reasons that do not include evadii	egally separated	under nonban	kruptcy law	that appli	es or that you and you			
101(10A). the 6 mon	average monthly income that you received from all For example, if you are filing on September 15, the 6-m ths, add the income for all 6 months and divide the total wn the same rental property, put the income from that p	onth period would by 6. Fill in the res	be March 1 throu ult. Do not includ	ugh August 31 de any income	. If the amo	ount of your monthly incon ore than once. For examp	ne varied during ble, if both		
		. ,		Column A Debtor 1		Column B Debtor 2 or non-filing spouse			
 Your gross wages, salary, tips, bonuses, overtime, and commissions (before payroll deductions). 				\$1,	422.57	\$			
	 Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. 			\$	0.00	\$			
of you from a and ro	counts from any source which are regularly part or your dependents, including child support in unmarried partner, members of your household ommates. Include regular contributions from a sp	Include regular I, your dependen	contributions its, parents,	\$	0.00	\$			
	 Do not include payments you listed on line 3. come from operating a business, profession, 	or form		Ψ	0.00	Ψ			
J. Net III	come from operating a business, profession,	Debt	tor 1						
Gross	receipts (before all deductions)	\$ 0.00							
	ry and necessary operating expenses	-\$ 0.00							
Net me	onthly income from a business, profession, or far	m \$ 0.00	Copy here ->	\$	0.00	\$			
6. Net in	come from rental and other real property								
		Debt	tor 1						
	receipts (before all deductions)	\$ 0.00							
	ary and necessary operating expenses	-\$ 0.00	Conv. harr	¢	0.00	c			
	onthly income from rental or other real property	\$	Copy here ->		0.00	\$			
7. Intere	st, dividends, and royalties			\$	0.00	Ψ			

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Debtor 1	Lidely D. Morel		Case number	er (if known)	24-12980		
			Column A Debtor 1		Column B Debtor 2 c non-filing		
8. U	nemployment compensation		\$	0.00	\$		
	o not enter the amount if you contend that the amoun e Social Security Act. Instead, list it here:		ler				
	For you \$ For your spouse \$	0.00					
	For your spouse \$	<u> </u>					
b n U d p d	ension or retirement income. Do not include any an enefit under the Social Security Act. Also, except as so the include any compensation, pension, pay, annuity, conited States Government in connection with a disability, or death of a member of the uniformed service ay paid under chapter 61 of title 10, then include that lose not exceed the amount of retired pay to which you retired under any provision of title 10 other than chap	nount received that was a stated in the next sentence, co or allowance paid by the ty, combat-related injury or ces. If you received any retire pay only to the extent that it u would otherwise be entitled	ed	0.00	\$		
10. Ir D re d U	come from all other sources not listed above. Sponot include any benefits received under the Social Sceived as a victim of a war crime, a crime against humber of the certain of the compensation pension, pay, an inited States Government in connection with a disability sability, or death of a member of the uniformed servic burces on a separate page and put the total below.	ecify the source and amoun Security Act; payments manity, or international or nuity, or allowance paid by th ty, combat-related injury or					
	·		\$	0.00	\$		
			\$	0.00	\$		
	Total amounts from separate pages, if any.		+ \$	0.00	\$		
е	alculate your total current monthly income. Add line ach column. Then add the total for Column A to the to	stal for Column B.	1,422.57	+		Total c	1,422.57
Part 2							
	alculate your current monthly income for the year 2a. Copy your total current monthly income from line	•	Сор	y line 11 l	nere=>	\$	1,422.57
	Multiply by 12 (the number of months in a year)					X 1	l2
1:	2b. The result is your annual income for this part of the			12b). \$	17,070.84	
13. C	alculate the median family income that applies to	you. Follow these steps:					
F	II in the state in which you live.	PA					
F	ll in the number of people in your household.	3					
Т	Il in the median family income for your state and size of find a list of applicable median income amounts, go r this form. This list may also be available at the bank	online using the link specifie	ed in the separ	ate instruc	13. tions	\$10	03,172.00
14. H	ow do the lines compare?						
	Ha. Line 12b is less than or equal to line 13. O Go to Part 3. Do NOT fill out or file Official		oox 1, <i>There is</i>	no presum	ption of abus	se.	
1	tb. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A–2.		presumption o	f abuse is	determined b	y Form 12	?2A-2.
Part 3							
	By signing here, I declare under penalty of perjury	that the information on this	statement and	l in any atta	achments is t	rue and c	orrect.
	Y /s/ Lidely D. Morel			-			
	X /s/ Lidely D. Morel Lidely D. Morel						
	Signature of Debtor 1						

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Debtor 1 Lidely D. Morel Case number (if known) 24-12980

Date September 23, 2024

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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Debtor 1 Lidely D. Morel Case number (if known) 24-12980

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 02/01/2024 to 07/31/2024.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **GHC** Year-to-Date Income:

Starting Year-to-Date Income: \$4,165.79 from check dated 1/31/2024. Ending Year-to-Date Income: \$12,701.19 from check dated 7/31/2024.

Income for six-month period (Ending-Starting): \$8,535.40 .

Average Monthly Income: \$1,422.57.